



APPLICATION FOR
LIMITED DRIVER LICENSE
For SUBSTANCE ABUSE TREATMENT or 12-STEP GROUP MEETINGS

FOR VALIDATION ONLY 106-040-254-0005

SEE INSTRUCTIONS ON REVERSE

NAME (Last, First, Middle Initial)		ODL FEE _____ DATE RECEIVED _____	
RESIDENCE ADDRESS		LSR INITIALS _____ OFFICE NO. _____	
CITY		STATE	ZIP
MAILING ADDRESS			
CITY		STATE	ZIP
BIRTHDATE	DRIVER LICENSE NUMBER	SOCIAL SECURITY NUMBER Requested for identification purposes only. Entering SSN is voluntary. WAC 308-104-014.	

UNPAID TICKET PAYMENT PLAN(S)—TO BE COMPLETED BY THE COURT(S) **ADDITIONAL SPACE IS PROVIDED ON REVERSE**

1	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date _____		
2	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date _____		
3	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		SIGNATURE OF COURT REPRESENTATIVE X Date _____		

AFFIDAVIT OF TREATMENT / 12-STEP GROUP MEETINGS—To be completed by applicant's counselor or program manager

NAME OF TREATMENT FACILITY OR 12-STEP PROGRAM		APPLICANT IS PARTICIPATING IN <input type="checkbox"/> Substance abuse treatment <input type="checkbox"/> 12-step groupmeetings	
STREET ADDRESS OF TREATMENT FACILITY OR 12-STEP PROGRAM			
CITY		STATE	ZIP
APPLICANT'S HOURS IN TREATMENT From _____ <input type="checkbox"/> am <input type="checkbox"/> pm To _____ <input type="checkbox"/> am <input type="checkbox"/> pm		DAYS APPLICABLE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
APPLICANT'S HOURS IN 12-STEP MEETINGS From _____ <input type="checkbox"/> am <input type="checkbox"/> pm To _____ <input type="checkbox"/> am <input type="checkbox"/> pm		DAYS APPLICABLE <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
NAME OF COUNSELOR/ PROGRAM MANAGER		(AREA CODE) TELEPHONE NUMBER ()	
SIGNATURE OF COUNSELOR/ PROGRAM MANAGER X		Date _____	

APPLICANT STATEMENT—To be completed by applicant

APPLICANT SIGNATURE <i>I certify that I am attending a treatment program and/or 12-step program.</i> X		Date _____
(AREA CODE) HOME TELEPHONE NUMBER ()	(AREA CODE) WORK TELEPHONE NUMBER ()	

UNPAID TICKET PAYMENT PLAN(S) Continued

4	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			
5	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			
6	VIOLATION DATE	CHARGE	TICKET/ DOCKET NUMBER	COURT/ NCIC NUMBER	PAYMENT PLAN(S) ENTERED INTO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADJUDICATION SENT TO DOL? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE OF COURT REPRESENTATIVE X Date			

Eligibility requirements for a Limited Driver License under RCW 46.20.391, Section 2:

1. You must have had a valid driver license on the effective date of the suspension(s) for which you are applying.
2. You are not eligible for a Limited Driver License if you are suspended or revoked for Driving Under the Influence or Physical Control. To be eligible for a Limited Driver License under the law referenced above, your driving privileges can only be suspended for:
 - failure to respond to, appear in/at court or pay a traffic ticket under RCW 46.20.289;
 - a violation of the financial responsibility laws under Chapter 46.29 RCW; or,
 - multiple violations within a specified period of time under RCW 46.20.291.
3. One or both of the following conditions must apply:
 - you must be attending a treatment program; or
 - you must be attending a 12-step program.

The Department of Licensing will cancel a Limited Driver License upon receipt of notice that the holder:

- has been convicted of operating a motor vehicle in violation of its restrictions;
- has had their driving privilege suspended or revoked for any reason during the time the Limited Driver License is in effect;
- is no longer attending a treatment program; or,
- is no longer attending a 12-step program.

Instructions:

1. Complete the applicant information at the top of the form.
2. Have the "UNPAID TICKET PAYMENT PLAN(S)" section completed by a representative of the court if suspension is for unpaid tickets.
3. Have the "AFFIDAVIT OF TREATMENT / 12-STEP GROUP MEETINGS" section completed by your counselor or program manager.
4. File proof of financial responsibility by one of the following methods:
 - by filing a Certificate of Insurance (SR-22) issued by the home office of a company authorized to do business in the State of Washington. (This is the simplest and most common means of compliance. If you choose this method, contact your insurance agent for assistance. Because this process may take several weeks, your prompt action is advised.);
 - by filing a surety bond executed by the person giving proof and a surety company duly authorized to do business in this state, or by the person giving proof and by two individual sureties; or
 - by filing a certificate from the State Treasurer signifying that a sum of \$60,000 or collateral of equivalent value approved by him has been deposited.
5. Sign and date this application. Be sure all required information has been completed.
6. Take the completed form to any driver licensing office and pay the required \$25 nonrefundable fee or mail the form and fee to:
Department of Licensing, Driver Services Occupational License Desk, PO Box 9048, Olympia, WA 98507-9048.

THIS IS NOT A LIMITED DRIVER LICENSE. Once your application has been processed and if all other requirements have been met, your Limited Driver License will be mailed to you by the Department of Licensing in Olympia. This license will specify the times you may drive, the vehicles you may drive and the area within which you may drive. The Limited Driver License can only be used for attending treatment programs and/or 12-step programs within the hours and geographical areas specified. If you have further questions, please call the Customer Service Unit at (360) 902-3900.

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.*